

**A Pan-Canadian Environmental Scan  
of the  
Scope of Practice of Nurse Practitioners**



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## Introduction & Background

This environmental scan was conducted by the Nurse Practitioners' Association of Ontario (NPAO) to develop a point-in-time snapshot of the current scope of practice of Nurse Practitioners (NPs) in a number of key areas, including various demographic statistics, common requirements for NP scope of practice across Canada, and typical activities carried out by NPs. NPs are registered nurses with advanced university education who provide personalized, quality health care to patients. NPs provide a full range of health care services to individuals, families and communities in a variety of settings including hospitals and community based clinics, in cities and smaller towns. NPs work in partnership with physicians, nurses and other health care professionals such as social workers, midwives, mental health professionals and pharmacists.

The document may be used by associations, regulators, government, insurers and others to understand the similarities and differences amongst NPs in Canada, and to track changes and progress over time. The environmental scan was developed in two phases. A consultant was hired to conduct the scan in November 2014, and initial findings were provided to NPAO in March 2015. A number of resources were used to develop the scan at that time, including document review from various jurisdictions in Canada (e.g., practice standards, association and regulatory websites, etc.) as well as email and telephone contact with various key sources including NP regulators, associations and government representatives where applicable. To ensure currency of the data presented in the tables, NPAO contacted regulators and reviewed website materials in the Fall of 2015 prior to publishing the document. The data presented in the document is the current state as of September 2015<sup>1</sup>.

Canada has ten provinces (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador) and three territories (Yukon, Northwest Territories and Nunavut). NP information was gathered from each of the 13 provinces and territories in Canada where available, and is collated in this document and presented in a table format. Information was obtained from the Registered Nurses Association of Northwest Territories and Nunavut (RNANT/NU) representing both territories combined.

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<sup>1</sup> Note, there are some exceptions regarding the time the data was collected based on its availability and these exceptions are identified in the document.

## Summary of the Data

All provinces/territories in Canada have Nurse Practitioners (NPs) with the numbers increasing each year. Today in Canada there are approximately 4,560 practising NPs. The majority (3,402 or approximately 75%) of NPs are Family - All Ages / Primary Care / Primary Health Care NPs. The remainder work in various other speciality<sup>2</sup> areas such as Adult, Pediatric / Child, Neonatal / Neonatology, Cardiology, and Nephrology<sup>3</sup> (see Tables 1 and 2, respectively). Eight of the thirteen jurisdictions<sup>4</sup> have more than one specialty area for NP licensure / registration. Although the numbers are small, some provinces/territories have NPs licensed or registered in more than one specialty area (e.g., Saskatchewan, Ontario and Quebec).

In jurisdictions where data was available, approximately 94% of Nurse Practitioners are female (see Table 3). This is similar to Registered Nurse (RN) demographics in Canada.

To practice as an NP in Canada, a person must, in general, meet certain common registration requirements in each jurisdiction for entry-to-practice (see Table 4). To determine specific eligibility requirements in a particular province/territory, the regulatory body for NPs should be contacted.

Common registration requirements include:

- Being a registered nurse or being eligible to be a registered nurse in the province/territory.
- Having graduated from an approved post-baccalaureate nurse practitioner program (primarily at the Master's level).
- Having passed an entry-to-practice exam, which varies according to speciality and nursing regulatory body. Note that all provinces require the person to complete the specified written exam, while two provinces — British Columbia and Quebec — also require a practical exam (i.e., Objective Structured Clinical Examination or OSCE) be completed.
- Note that the number and type of clinical practicum hours for eligibility vary by province/territory.

In all provinces/territories except Quebec, NPs are authorized to independently assess, diagnose and communicate a medical diagnosis with patients (see Tables 5a, 5b and 5c)<sup>5</sup>. NPs in all jurisdictions can perform and order procedures and interventions based on individual competence and client needs and/or as specified in standards and guidelines. In two jurisdictions — British Columbia and Ontario — NPs are also permitted to dispense and sell drugs<sup>6</sup>, and set and cast fractures. NPs must adhere to limitations and standards when performing these acts.

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<sup>2</sup> For the purposes of this environmental scan, the term 'specialty' will be used to describe the area of practice in which an NP may be licensed/registered in the various jurisdictions in Canada. Some jurisdictions use the term 'specialty' while others use 'focus' or 'stream'.

<sup>3</sup> Cardiology and Nephrology specialties are found only in Quebec.

<sup>4</sup> Four provinces only license/register Primary Health Care / Family - All Ages NPs: YK, NT/NU, PEI & NB. These jurisdictions have the smallest number of NPs.

<sup>5</sup> In Quebec, NPs can communicate a "diagnostic impression", the term medical diagnosis is restricted to physicians.

<sup>6</sup> In Ontario, NPs may also compound drugs as per the *NP Practice Standard*.

NPs in general have a broad scope of practice, autonomy and independence to determine the appropriate diagnostic tests based on client need (e.g., laboratory and diagnostic imaging; see Tables 5d and 5e). The authorizing mechanisms granting said authority vary (e.g., some provinces use defined lists from which the NP may order related to specialty, while others define variable authority based on individual level of competence and without limitations or lists). In addition, NPs have broad authority to prescribe drugs for their clients and, with recent changes to the federal *Controlled Drugs and Substances Act* in 2012, NPs are now permitted to prescribe controlled drugs and substances in the majority of provinces/territories (see Table 6). Eleven of the thirteen jurisdictions have now enacted regulatory changes enabling NPs to independently prescribe controlled drugs and substances. On November 1, 2015, NPs in Prince Edward Island were granted authority, and BC anticipates the authority to be granted through changes to practice standards by the end of 2015. This will leave Ontario as the only province in Canada where NPs will not have the authority to prescribe controlled drugs and substances at this time.

To ensure competent prescribing of controlled drugs and substances, in most jurisdictions where NPs have the authority to prescribe, current NPs are required to complete additional education before prescribing, and additional requirements may also apply (e.g., jurisprudence exam in Nova Scotia). In most jurisdictions, university programs have integrated the required education into the curriculum (e.g., University of Calgary, University of Alberta, Athabasca University, Saskatchewan Polytechnic, Memorial University of Newfoundland, etc.). Continuing competence / Quality Assurance (QA) programs related to the prescribing of controlled drugs and substances by NPs are also evolving, and in many jurisdictions will likely be integrated into existing QA programs.

NPs in five provinces/territories (i.e., British Columbia, Ontario, Manitoba, Yukon, and Newfoundland and Labrador) have the authority to admit, treat and discharge hospital patients (see Table 7). NPs are subject to the policies of hospitals and, for nurses who are not hospital employees, they must be granted privileges before they are authorized to admit. In some jurisdictions, while NPs are not authorized to admit, they do have some abilities associated with hospital practice. For example, in Alberta, NPs have the authority to treat outpatients, in Saskatchewan NPs may treat in-patients in collaboration with the admitting physician, and in Nova Scotia NPs have recently been authorized to discharge patients.

In some jurisdictions (i.e., Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador) NPs are required to establish collaborative agreements with a physician or a group of physicians. Rules regarding these agreements differ from jurisdiction to jurisdiction (see Table 8). NPs in all provinces/territories can consult with and refer patients to specialists. However, in Quebec, primary care NPs may make referrals to specialists only if certain conditions are met, and NPs in other specialties do not have the authority to refer to specialists (see Table 9).

Each jurisdiction is different regarding medical examination reports that NPs are authorized to complete. For example, approximately half of the jurisdictions in Canada permit NPs to complete drivers' medical examination / fitness-to-drive forms or reports, while the remainder do not (see Table 10a). However, in some provinces such as Ontario, governments are in the process of making changes (e.g., to reporting fitness to drive and in providing indemnification). In about half the jurisdictions in Canada, NPs can complete Worker's Compensation and short-term disability forms for insurance companies (see Table 10b). NPs are not permitted to complete federal

permanent disability forms, including the Canadian Pension Plan Disability Form (CPPD), the Disability Tax Credit Certificate form, or Employment Insurance benefits. Change is necessary at the policy, and/or legislative/regulatory levels to include NPs on the list of authorized persons.

The final five tables in the document outline NP authority regarding the following areas (see Tables 11a – 11e, respectively):

- prescribing massage therapy, acupuncture and physiotherapy supplies;
- prescribing orthotics, mobility aids, and compression stockings;
- ordering home oxygen;
- ordering insulin syringes/blood glucose monitors; and
- ordering incontinence supplies including dressing/ostomy supplies.

In all provinces/territories NPs can prescribe or order these services or supplies, with the exception of Quebec, where they can recommend massage therapy, etc., but cannot prescribe it. In addition, NPs in Quebec are not authorized to order insulin syringes/blood glucose monitors.

## Tables

**Table 1**

**What are the types of Nurse Practitioners?**

|                                  |   |
|----------------------------------|---|
| <b>British Columbia</b>          | Family - All Ages<br>Adult<br>Pediatric                   |
| <b>Alberta</b>                   | Family - All Ages<br>Adult<br>Child<br>Neonatal           |
| <b>Saskatchewan</b>              | Primary Care - All Ages<br>Adult<br>Pediatric<br>Neonatal |
| <b>Manitoba</b>                  | Primary Care - All Ages<br>Adult<br>Pediatric             |
| <b>Ontario</b>                   | Primary Health Care<br>Adult<br>Pediatric<br>Anesthesia   |
| <b>Quebec</b>                    | Primary Care<br>Cardiology<br>Nephrology<br>Neonatology   |
| <b>New Brunswick</b>             | Primary Care - All Ages                                   |
| <b>Nova Scotia</b>               | Family - All Ages<br>Adult<br>Pediatric<br>Neonatal       |
| <b>P.E.I.</b>                    | Family - All Ages   |
| <b>Newfoundland and Labrador</b> | Family - All Ages<br>Adult<br>Pediatric                   |
| <b>N.W.T./Nunavut</b>            | Primary Health Care - All Ages                            |
| <b>Yukon</b>                     | Family - All Ages   |



**Table 2****How many of each type of Nurse Practitioner in the Province/Territory<sup>7,8</sup>?**

|                         |                    |  |
|-------------------------|--------------------|--|
| <b>British Columbia</b> | <u><b>348</b></u>  | (includes practising and provisionally registered NPs) |
|                         | 307                | Family   |
|                         | 28                 | Adult  |
|                         | 13                 | Pediatric  |
| <b>Alberta</b>          | <u><b>397</b></u>  |  |
|                         | 164                | Family   |
|                         | 177                | Adult  |
|                         | 41                 | Child  |
|                         | 20                 | Neonatal   |
| <b>Saskatchewan</b>     | <u><b>208</b></u>  |  |
|                         | 197                | Primary Care-All Ages                                  |
|                         | 3                  | Adult (includes 1 restricted to Women's Health)        |
|                         | 1                  | Pediatric  |
|                         | 7                  | Neonatal   |
| <b>Manitoba</b>         | <u><b>158</b></u>  |  |
|                         | 142                | Family-All Ages  |
|                         | 11                 | Adult  |
|                         | 5                  | Pediatric  |
| <b>Ontario</b>          | <u><b>2669</b></u> |  |
|                         | 1959               | Primary Health Care                                    |
|                         | 512                | Adult  |
|                         | 215                | Pediatric  |
| <b>Quebec</b>           | <u><b>308</b></u>  |  |
|                         | 247                | Primary Care   |
|                         | 30                 | Cardiology   |
|                         | 14                 | Nephrology   |
|                         | 17                 | Neonatology  |
| <b>New Brunswick</b>    | <u><b>98</b></u>   |  |
|                         |                    | All Primary Care                                       |

*Continued next page*

<sup>7</sup> As of September 2015 (exceptions Alberta, Nova Scotia and Newfoundland and Labrador – as of October 2015).

<sup>8</sup> NPs may be registered in more than one specialty.

## How many of each type of Nurse Practitioner in the Province/Territory?

Table 2 Continued from previous page

|                                  |                  |                           |
|----------------------------------|------------------|---------------------------|
| <b>Nova Scotia</b>               | <u>154</u>       |                           |
|                                  | 89               | Family-All Ages           |
|                                  | 50               | Adult                     |
|                                  | 4                | Child                     |
|                                  | 9                | Neonatal                  |
|                                  | 2                | Other (clinical research) |
| <b>P.E.I.</b>                    | <u>26</u>        |                           |
|                                  | All Primary Care |                           |
| <b>Newfoundland and Labrador</b> | <u>136</u>       |                           |
|                                  | 115              | Family-All Ages           |
|                                  | 18               | Adult                     |
|                                  | 3                | Pediatric                 |
| <b>N.W.T./Nunavut</b>            | <u>53</u>        |                           |
|                                  | All Primary Care |                           |
| <b>Yukon</b>                     | <u>5</u>         |                           |
|                                  | All Primary Care |                           |

**Table 3****What is the gender of Nurse Practitioners in the Province/Territory<sup>9</sup>?**

|                                  |                           |
|----------------------------------|---------------------------|
| <b>British Columbia</b>          | n/a females<br>n/a males  |
| <b>Alberta</b>                   | n/a females<br>n/a males  |
| <b>Saskatchewan</b>              | 191 females<br>17 males   |
| <b>Manitoba</b>                  | 146 females<br>12 males   |
| <b>Ontario</b>                   | 2222 females<br>140 males |
| <b>Quebec</b>                    | 284 females<br>24 males   |
| <b>New Brunswick</b>             | 95 female<br>3 male       |
| <b>Nova Scotia</b>               | 148 females<br>6 males    |
| <b>P.E.I.</b>                    | 25 females<br>1 males     |
| <b>Newfoundland and Labrador</b> | 117 females<br>19 males   |
| <b>N.W.T./Nunavut</b>            | 50 females<br>3 males     |
| <b>Yukon</b>                     | 5 females<br>0 males      |

<sup>9</sup> 2014 gender statistics were used for Ontario based on CNO website availability.

**Table 4****What are the common registration requirements required for entry to practice<sup>10,11</sup>?**

|                         |  |
|-------------------------|--|
| <b>British Columbia</b> | <ul style="list-style-type: none"> <li>- be a registered nurse in BC</li> <li>- be a graduate from a CRNBC recognized NP program</li> <li>- successfully completed a written and practical examination</li> <li>- minimum education of Masters degree</li> </ul>   |
| <b>Alberta</b>          | <ul style="list-style-type: none"> <li>- be a registered nurse in Alberta</li> <li>- minimum of graduate degree in Nursing</li> <li>- completed a recognized NP program</li> <li>- successfully pass approved exam</li> <li>- have 4,500 hours as experience as RN</li> </ul>  |
| <b>Saskatchewan</b>     | <ul style="list-style-type: none"> <li>- be a registered nurse in Saskatchewan</li> <li>- successfully completed RN(NP) approved or recognized course by SRNA Council</li> <li>- successfully pass approved exam</li> </ul>  |
| <b>Manitoba</b>         | <ul style="list-style-type: none"> <li>- be a registered nurse in Manitoba</li> <li>- minimum of graduate degree in Nursing</li> <li>- successfully pass approved exam</li> <li>- language fluency requirement in English or French</li> </ul>   |
| <b>Ontario</b>          | <ul style="list-style-type: none"> <li>- be a registered nurse or be eligible to be a registered nurse in Ontario</li> <li>- recent experience practicing in an advanced practice role</li> <li>- successful completion of an approved NP program</li> <li>- successfully pass approved exams</li> <li>- demonstrate proficiency in either English or French.</li> </ul>   |
| <b>Quebec</b>           | <ul style="list-style-type: none"> <li>- successfully graduated from a program (masters in nursing) approved by regulatory body</li> <li>- successfully complete a DESS (superior studies diploma in medical studies)</li> <li>- proficiency in French language</li> <li>- two years experience in the specialty area</li> <li>- successfully pass approved exam (includes written, oral &amp; practical)</li> </ul> |
| <b>New Brunswick</b>    | <ul style="list-style-type: none"> <li>- be a registered nurse in New Brunswick</li> <li>- minimum of graduate degree in Nursing</li> <li>- successfully pass approved exam</li> </ul>   |
| <b>Nova Scotia</b>      | <ul style="list-style-type: none"> <li>- be a registered nurse in Nova Scotia</li> <li>- successfully graduated from approved NP program</li> <li>- successfully pass approved exam</li> </ul>   |

*Continued next page*

<sup>10</sup> Table 4 provides a list of general or common registration requirements in each jurisdiction for entry-to-practice as a NP. It is not a complete list of eligibility requirements nor reflects requirements for all NPs seeking registration/licensure in a specific jurisdiction in Canada (e.g., a registered/ licensed NP moving to a new jurisdiction). To determine specific eligibility requirements in a particular province/territory, the regulatory body for NPs should be contacted.

<sup>11</sup> New NP applicants in the Yukon are registered by endorsement from another Canadian jurisdictional nursing association. Initial registration is based, in part, on confirmation that an applicant is entitled to practise as a NP in another Canadian jurisdiction. Applicants who do not hold NP licensure in another Canadian jurisdiction must complete that prerequisite prior to applying for registration as a NP in the Yukon.

## What are the common registration requirements required for entry-to-practice?

Table 4 Continued from previous page

|                                  |  |
|----------------------------------|--|
| <b>P.E.I.</b>                    | <ul style="list-style-type: none"> <li>- be a registered nurse in P.E.I.</li> <li>- successfully graduated from a recognized NP program</li> <li>- minimum of two years of clinical nursing practice</li> <li>- successfully completed approved exam</li> </ul>  |
| <b>Newfoundland and Labrador</b> | <ul style="list-style-type: none"> <li>- be a registered nurse in Newfoundland/Labrador</li> <li>- successfully graduated from approved NP program</li> <li>- successful completion of approved exam</li> </ul>  |
| <b>N.W.T./Nunavut</b>            | <ul style="list-style-type: none"> <li>- be a registered nurse in Registered Nurse Association of the N.W.T. and Nunavut</li> <li>- successful completion of a nursing degree plus a postgraduate education (Masters degree) as Nurse Practitioner</li> <li>- successful completion of approved exam</li> </ul>  |
| <b>Yukon</b>                     | <ul style="list-style-type: none"> <li>- be a registered nurse in Yukon</li> <li>- successful completion of approved exam</li> <li>- successful completion of nursing education approved by YRNA board or accumulated 900 hours of NP practice in any jurisdiction</li> <li>- be registered or be eligible to be registered as an NP in another Canadian jurisdiction</li> </ul> |

**Table 5a****Are Nurse Practitioners authorized to independently assess patients?**

|                                  |  |
|----------------------------------|--|
| <b>British Columbia</b>          | NPs conduct comprehensive health assessments.  |
| <b>Alberta</b>                   | NPs scope of practice includes advanced health assessment.   |
| <b>Saskatchewan</b>              | NPs have the competence to provide comprehensive health assessments.   |
| <b>Manitoba</b>                  | NPs perform comprehensive health assessments.  |
| <b>Ontario</b>                   | NPs can perform an advanced comprehensive focused health assessment as appropriate for the client's situation.   |
| <b>Quebec</b>                    | NPs performs comprehensive health assessments using sound clinical, judgment, diagnostic and therapeutic skills.   |
| <b>New Brunswick</b>             | NPs apply advanced assessment techniques, critical thinking and clinical decision making skills when assessing clients.  |
| <b>Nova Scotia</b>               | NPs conduct comprehensive physical and mental health exams and assessments.  |
| <b>P.E.I.</b>                    | NPs synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness.<br>NPs systematically collects and interprets health data by performing a comprehensive and focused health assessment using multiple tools and sources of data. |
| <b>Newfoundland and Labrador</b> | NPs possess the competency to provide comprehensive health assessments.  |
| <b>N.W.T./Nunavut</b>            | NPs can assess a disease, disorder or condition.   |
| <b>Yukon</b>                     | NPs are entitled to perform a focused health assessment and/or an advanced comprehensive health assessment, using and adapting assessment tools based on client needs and relevant to client stage of life.  |

**Table 5b****Are Nurse Practitioners authorized to make a medical diagnosis?**

|                                  |  |
|----------------------------------|--|
| <b>British Columbia</b>          | NPs diagnose and manage diseases, disorders and conditions within NPs scope of practice, individual competence within that scope of practice, and the stream in which the NP is registered to practice (family, adult, pediatric).   |
| <b>Alberta</b>                   | NPs can diagnose health conditions/illness conditions (acute illness/injuries and chronic diseases, co-morbidities and emergency health needs).  |
| <b>Saskatchewan</b>              | NPs in accordance with the standards and competencies diagnose and treat common medical disorders.   |
| <b>Manitoba</b>                  | NPs can make a diagnosis identifying a disease and treat an illness.   |
| <b>Ontario</b>                   | NPs diagnose illnesses, injuries and health related issues.  |
| <b>Quebec</b>                    | NPs have the necessary competence to evaluate the health status of a patient. At this time, the use of the term diagnostic is reserved for physicians since it is recognized as a medical term reserved to medical acts.<br>The term "Diagnostic Impression" is used by NPs.<br>This term refers to the classification internationale des Maladies (CIM) and connexes diseases which is a synonym of diagnostic. |
| <b>New Brunswick</b>             | NPs make a diagnosis based on the client's health history, findings of health assessment and results of any investigations.  |
| <b>Nova Scotia</b>               | NPs can make a diagnosis identifying a disease, disorder or condition.   |
| <b>P.E.I.</b>                    | NPs diagnose diseases, disorders, injuries and conditions, and identify health needs, while considering the client's response to the health/illness experience.  |
| <b>Newfoundland and Labrador</b> | NPs can diagnose diseases, disorder, injuries and conditions.  |
| <b>N.W.T./Nunavut</b>            | NPs have the legislated authority to make a diagnosis identifying a disease, disorder or condition.  |
| <b>Yukon</b>                     | NPs can make a diagnosis to identify diseases, disorders or conditions.  |

**Table 5c****Are Nurse Practitioners authorized to communicate a medical diagnosis?**

|                                  |  |
|----------------------------------|--|
| <b>British Columbia</b>          | NPs can communicate diagnosis with their clients.  |
| <b>Alberta</b>                   | NPs can communicate diagnoses, prognoses, treatments and outcomes with clients.  |
| <b>Saskatchewan</b>              | NPs can communicate with clients about health assessment findings and /or diagnosis, including outcomes and prognosis.                 |
| <b>Manitoba</b>                  | NPs can communicate diagnosis to clients and discuss health outcomes/prognosis.  |
| <b>Ontario</b>                   | NPs can communicate a diagnosis with a client and discuss relevant clinical information, treatment plans, expected outcomes/prognosis. |
| <b>Quebec</b>                    | NPs can communicate a diagnosis.   |
| <b>New Brunswick</b>             | NPs communicate the diagnosis to clients and to interdisciplinary team members as required.  |
| <b>Nova Scotia</b>               | NPs can communicate the diagnosis to the client.   |
| <b>P.E.I.</b>                    | NPs communicate the diagnosis to clients and to interdisciplinary team members as required.  |
| <b>Newfoundland and Labrador</b> | NPs can discuss diagnoses, prognosis and outcomes with clients and/or the health care team.  |
| <b>N.W.T./Nunavut</b>            | NPs have the legislated authority to communicate a diagnosis to a patient.   |
| <b>Yukon</b>                     | NPs can communicate a diagnosis.   |



**Table 5d****Are Nurse Practitioners authorized to order laboratory tests?**

|                                  |   |
|----------------------------------|---|
| <b>British Columbia</b>          | NPs are fully authorized to order all lab tests as set out by the Medical Services Commission.  |
| <b>Alberta</b>                   | NPs are authorized to order and interpret lab and other diagnostic tests. They have a broad scope of practice, autonomy and independence to determine diagnostic tests for their clients, within the individual NPs level of competence.  |
| <b>Saskatchewan</b>              | NPs in accordance with the standards and competencies can order, perform and receive and/or interpret reports of screening and diagnostic tests in the following areas; microbiology, cytology, biochemistry, immunology, haematology and virology.   |
| <b>Manitoba</b>                  | NPs may order and receive reports of the screening and diagnostic tests as specified in Schedule A of the Extended Practice Regulations (bacteriology, biochemistry, cytology and tissues, hematology, serology, urine, hormones, radio assay and ligand assay).  |
| <b>Ontario</b>                   | NPs can order laboratory tests as appropriate for client care as specified in regulations under the Laboratory and Specimen Collection Centre Licensing Act (1990).<br>Specific lists were removed from the regulations as of July 1, 2011.   |
| <b>Quebec</b>                    | NPs in primary care can order laboratory tests in the following areas; microbiology, biochemistry/blood, biochemistry/urine, cytology, hematology, antenatal screening and pathology.<br>For the other NP specialties, tests and laboratory exams they are authorized to prescribe / order are defined in medical regulations.  |
| <b>New Brunswick</b>             | NPs may in accordance with the competencies and standards order and interpret laboratory and non-laboratory tests as part of their practice in the following areas (Schedule B): anatomical pathology, biochemistry, coagulation, cytopathology, hematology, immunology, microbiology, molecular genetics, nuclear medicine, serology, therapeutic drug monitoring, transfusion medicine, virology. |
| <b>Nova Scotia</b>               | NPs can order lab test if they have the knowledge, skills and abilities for their patient focus of practice. The NP Authorized Practices documents which restricted practice was recently been removed from the website.  |
| <b>P.E.I.</b>                    | In accordance with the NP regulations (Section 6) NPs can order and interpret laboratory tests.   |
| <b>Newfoundland and Labrador</b> | NPs can order laboratory tests when clinically indicated. NPs must ensure that results are interpreted and followed up in a timely manner.  |
| <b>N.W.T./Nunavut</b>            | NPs are authorized to order and interpret laboratory tests including microbiology, immunology, cytology/pathology, hematology, biochemistry, virology, genetic testing.   |
| <b>Yukon</b>                     | NPs are entitled to order &/or interpret screening and diagnostic tests.  |

**Table 5e****Are Nurse Practitioners authorized to order and interpret diagnostic imaging tests?**

|                         |   |
|-------------------------|---|
| <b>British Columbia</b> | <p>NPs can order diagnostic services and imaging services within the limits and conditions set by CRNBC. They do not take responsibility for final interpretation of medical imaging studies. Appropriate treatment may be initiated while awaiting final interpretation by the diagnostic radiologist.</p> <p>The CRNBC limits and conditions on NPs ordering diagnostic imaging tests is currently under review. Time line for completing this review is anticipated in 2016.</p> <p>NPs are not authorized to order an MRI or PET scans. However, there is currently a regulatory amendment posted by government to authorize NPs to order MRIs.</p>                           |
| <b>Alberta</b>          | <p>NPs are authorized to order and interpret diagnostic tests (including MRI).</p> <p>NPs have a broad scope of practice, autonomy and independence to determine the appropriate diagnostic tests for their clients, within the individual NPs level of competence.</p>   |
| <b>Saskatchewan</b>     | NPs are authorized to order all forms of non contrast radiographic energy except MRI.   |
| <b>Manitoba</b>         | <p>NPs are authorized to order the following diagnostic radiological procedures; head/neck, chest, spine/pelvis, upper/lower extremity, abdomen, GI tract (fluoroscopy and cholecystogram) urinary tract (pyelogram and intravenous) mammography and bone density.</p> <p>NPs are authorized to order diagnostic ultrasound services, vascular studies and Doppler studies.</p> <p>NPs are authorized to order CAT and MRI.</p>   |
| <b>Ontario</b>          | <p>NPs are authorized to order the following diagnostic imaging tests: X-rays of the chest, ribs, arm (includes shoulder and elbow) wrist, hand, leg (includes hip and knee) ankle and foot and mammography.</p> <p>Pending Proclamation to the Healing Arts Radiation Protection Act (1990), current restrictions for X-rays will be removed. Timeline is unknown.</p> <p>NPs are authorized to order diagnostic ultrasounds of the abdomen, pelvis and breast.</p> <p>NPs are not permitted to apply diagnostic ultrasound, this authority must be specified in regulations.</p> <p>However, the use of ultrasound to perform procedures is permitted (e.g., paracentesis).</p> |
| <b>Quebec</b>           | <p>NPs in primary care are authorized to order diagnostic examinations in the following areas; head/neck, chest, spine, upper/lower limbs, abdomen, mammography and bone density.</p> <p>NPs in primary care are authorized to order ultrasound examinations, echocardiographic exams and other diagnostic tests they can prescribe.</p> <p>NPs in other specialty areas authority to prescribe is defined in medical regulation and can vary from hospital to hospital.</p>  |
| <b>New Brunswick</b>    | <p>NPs are authorized to order diagnostic imaging tests in the following areas; general radiology, ultrasound, bone density, mammography.</p> <p>Further medical imaging tests required for monitoring a client's illness or injury may be prescribed following consultation with a consulting physician including a specialist.</p>  |
| <b>Nova Scotia</b>      | <p>The NP Authorized Practices documents was removed in 2015 from the website. There are no restrictions on what an NP can order if they have the knowledge, skills and abilities for their patient focus of practice.</p> <p>NPs are not permitted to perform or interpret these tests; the NP uses the radiologist's interpretation for diagnosis and treatment.</p>  |

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## Are Nurse Practitioners authorized to order and interpret diagnostic imaging tests?

*Continued from previous page*

|                                    |   |
|------------------------------------|---|
| <b>P.E.I.</b>                      | NPs can order and interpret reports of X-rays concerning the following areas of the body of a client (skeletal, abdomen, chest or breast).<br>NPs can order and interpret ultrasound concerning the following areas of the body of a client (abdomen, pelvis, breast, thyroid, DVT Doppler, miscellaneous). |
| <b>Newfoundland &amp; Labrador</b> | NPs are allowed to order all diagnostic imaging tests with the exception of MRI, CT and PET.<br>NPs can order MRI, CT and PET specific to the stream of practice (adult/pediatric) or in consultation with the collaborating physician and according to organizational policy.                              |
| <b>N.W.T./Nunavut</b>              | NPs are authorized to order the following diagnostic imaging tests; X-rays, Ultrasounds, Bone density scans, Mammography, other scans for a patients health condition or injury.  |
| <b>Yukon</b>                       | NPs can order and/or interpret diagnostic investigations (not MRI) interpret results using evidence-informed clinical reasoning and critical inquiry, and assumes responsibility for follow-up.   |

**Table 6****Are Nurse Practitioners authorized to prescribe controlled drugs and substances?**

|                         |  |
|-------------------------|--|
| <b>British Columbia</b> | <p>NPs cannot prescribe narcotics or other controlled drugs such as benzodiazepines, cannabis, amphetamines and barbiturates.</p> <p>New standards drafted November 12, 2014 will allow NPs to prescribe from provincial Drug Schedules 1, 1A (Controlled Prescriptions) and II (BC Pharmacy Operations and Drug Scheduling Act) and in accordance with CRNBC Standards of Practice and the Controlled Prescription Program of the College of Pharmacists of British Columbia.</p> <p>It is anticipated that by the end of 2015, NPs will be able to prescribe controlled substances.</p> <p>There will be an educational requirement for NPs currently in practice.</p>   |
| <b>Alberta</b>          | <p>NPs have the authority to prescribe controlled drugs and substances including The Prescription Drug List (maintained by Health Canada pursuant to section 29[1], the Schedule to Part G of the Food and Drug Regulation except item 1, the Schedule to the Narcotic Control Regulations except sub items 1 and 2, schedule 1 to the Benzodiazepines and other targeted substance regulations, other substances listed as Schedule 1 drugs in the Scheduled Drug Regulation.</p> <p>These standards do not include authorization for the prescribing of methadone, buprenorphine and marijuana. These drugs require special authorization.</p> <p>The two requirements NPs must meet to be authorized are completion of a CDS prescribing course by CARNA and completion of the CARNA CDS jurisprudence module.</p> <p>Additional content related to controlled drugs and substances has been integrated into the core curriculum of NP education programs as of September 2015.</p> |
| <b>Saskatchewan</b>     | <p>Subject to the Controlled Drugs and substances Act (Canada) and the bylaws of SRNA, NPs may prescribe any drug listed in Schedule I, II or III.</p> <p>SRNA has developed an interpretation of the Standards for prescribing and mandatory education is one of the requirements of the legislation.</p>   |
| <b>Manitoba</b>         | <p>The new classes of Practitioners Regulations under the Controlled Drugs and Substances Act provides NPs the authority to prescribe containing controlled substances with the following exclusions: heroin, cannabis, opium, coca and anabolic steroids (except testosterone).</p> <p>NPs must successfully complete an educational program on safe and legal prescribing practices for narcotic and controlled drugs in order to be eligible for authorization.</p>   |
| <b>Ontario</b>          | <p>The Nursing Act, 1991 allows NPs to prescribe most medication as appropriate for client care.</p> <p>NPs are not authorized to prescribe controlled substances ( included in Schedule I, II, III, IV or V of the Controlled Drugs and Substances Act).</p>  |

*Continued next page*

## Are Nurse Practitioners authorized to prescribe controlled drugs and substances?

Table 6 Continued from previous page

|                                  |   |
|----------------------------------|---|
| <b>Quebec</b>                    | <p>Since November 21, 2012 new federal regulations permit NPs to prescribe controlled medication.</p> <p>For NPs in primary care, the products they may prescribe is limited to the regulations.</p> <p>For NPs in the other specialties the list emerges from the rule of medication utilization, thus the rules may vary from one facility to the next.</p>   |
| <b>New Brunswick</b>             | <p>NPs are authorized, in accordance with the competencies and standards established by the NANB Board of Directors to prescribe drugs within the following guidelines.</p> <p>NPs may prescribe drugs listed in schedule I of the National Association of Pharmacy Authorities (NAPRA) National Drug Schedules and any drug listed in part I and II of Section G of the Food and Drug Regulations with the exception of the following; opium, heroin, coca leaves, marijuana, methadone and drugs found in section G part III of the Food and Drug Regulations (other than testosterone).</p>            |
| <b>Nova Scotia</b>               | <p>Starting November 1, 2014 NPs can register with the Nova Scotia Prescription monitoring Program to prescribe monitored drugs.</p> <p>Every NP in the province has received specialized education and workshop training for prescribing monitored drugs.</p>  |
| <b>P.E.I.</b>                    | <p>NPs must prescribe drugs in accordance with the guidelines established by the ARNPEI Diagnostic and Therapeutics Committee.</p> <p>As of November 1, 2015 all NPs will be eligible to prescribe controlled drugs &amp; substances.</p> <p>NPs may prescribe any controlled drugs and substances listed in Schedules I,II, III, IV and V of the Controlled Drugs and Substances Act S.C. 1996.</p>  |
| <b>Newfoundland and Labrador</b> | <p>NPs are eligible to prescribe controlled drugs within their level of competence, stream of practice and practice setting.</p> <p>NPs are required to have a practicing licence and a TRPP prescription pad.</p> <p>NPs are authorized to prescribe drugs according to therapeutic classes listed in the American Hospital Formulary Services (AHFS) Pharmacologic Therapeutic Classification system.</p> <p>NPs prescribe in accordance with the RN Act, the NP Regulations, the Pharmacy Act, the federal Food and Drug Act and Regulations, and the federal Controlled Drugs and Substances Act.</p> |

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## Are Nurse Practitioners authorized to prescribe controlled drugs and substances?

Table 6 Continued from previous page

|                       |   |
|-----------------------|---|
| <b>N.W.T./Nunavut</b> | Based on their patient population and as part of their practice, NPs have the authority to prescribe:<br>1) drugs listed in Schedule 'F' of the Food and Drugs Act (Canada), and<br>2) drugs listed in Schedule I of the National Association of Pharmacy Authorities (NAPRA) National Drug Schedules controlled substances as per Controlled Drug and Substances Act (Canada). |
| <b>Yukon</b>          | NPs are authorized to prescribe controlled substance. Exceptions, conditions and restrictions on NP prescriptive authority is set out in the nursing regulations.   |

**Table 7****Can Nurse Practitioners admit/treat/discharge patients from hospital?**

|                                  |   |
|----------------------------------|---|
| <b>British Columbia</b>          | NPs are authorized to admit, treat and discharge patients from a hospital if they are authorized by the hospital's board of management.   |
| <b>Alberta</b>                   | NPs are not authorized to admit/treat and discharge patients from hospital.<br>NPs are authorized to treat outpatients.   |
| <b>Saskatchewan</b>              | NPs are not permitted to admit patients to hospitals and if they take call at a hospital they must have a physician able to assist them.<br>NPs can register a person as an outpatient of the facility.<br>If a patient requires admission, they must be admitted by a physician. The NP can continue to treat the patient in the hospital in collaboration with the physician. |
| <b>Manitoba</b>                  | NPs are authorized to admit/treat/discharge patients to hospital.<br>Admitting Privileges Legislation came into force on May 30, 2014.<br>Each health region can change any regional policy if needed.  |
| <b>Ontario</b>                   | NPs are authorized to admit and discharge hospital patients (up to discretion of hospital).<br>NPs who are employees of a hospital are authorized to order diagnostic test and treatments for hospital patients (in and outpatients).<br>NPs who are not hospital employees may apply to the hospital for these privileges.   |
| <b>Quebec</b>                    | NPs are not authorized at this time to admit or discharge patients.<br>NPs who work in hospitals (cardiology, nephrology and neonatology) can give direct nursing care and follow clients presenting acute or chronic health problems.  |
| <b>New Brunswick</b>             | NPs are not authorized to admit, treat or discharge patients.   |
| <b>Nova Scotia</b>               | NPs are not authorized to admit patients.<br>NPs have recently been authorized to discharge patients under the Hospitals Act regulations.   |
| <b>P.E.I.</b>                    | NPs are not authorized to admit/treat/discharge patients.<br>There are no NPs working in acute/hospital settings in P.E.I. at this time.  |
| <b>Newfoundland and Labrador</b> | NPs can admit/treat/discharge patients to hospital if it is permitted by their employer. Admitting privileges are the policy of the Regional Health Authorities.  |
| <b>N.W.T./Nunavut</b>            | NPs do not have admitting privileges at the hospitals.<br>If a NP sees a patient who needs admission they are sent to emergency to be admitted.<br>NPs can treat outpatients.   |
| <b>Yukon</b>                     | NPs may admit and discharge patients to and from hospital if the operator of the hospital, institution, facility or program has granted admission and discharge privileges to the NP.   |

**Table 8****Do Nurse Practitioners require a collaborative agreement with a physician?**

|                                  |   |
|----------------------------------|---|
| <b>British Columbia</b>          | Collaboration with other health care providers is an essential component of safe, appropriate and integrated health care.<br>No collaborative practice agreements with physicians are required.   |
| <b>Alberta</b>                   | NPs do not require a collaborative agreement with a physician.  |
| <b>Saskatchewan</b>              | NPs do not require a collaborative agreement with physicians. Most NPs work in an environment where there are collaborating physician as part of a team   |
| <b>Manitoba</b>                  | NPs do not require a collaborative agreement with physicians.   |
| <b>Ontario</b>                   | NPs do not require a collaborative agreement as per the CNO standard.   |
| <b>Quebec</b>                    | A partnership with a physician is a condition to the practice of a nurse practitioner (obligation and regulation).  |
| <b>New Brunswick</b>             | All NPs have a signed collaborative agreement by one or more physician in order to practice.  |
| <b>Nova Scotia</b>               | NPs are required by legislation (RN act 2006) to establish a collaborative practice agreement with a physician or group of physicians. This relationship ensures that NPs have access to at least one physician who has agreed to be available for client care consultation (in person, by telephone, in writing or electronically).<br>NPs require a collaborative practice relationship verification which names a physician with whom they collaborate if they encounter anything outside of their practice or legislated scope. |
| <b>P.E.I.</b>                    | NPs are required to have a collaborative agreement with a physician.  |
| <b>Newfoundland and Labrador</b> | NPs who not employees of regional health authority must submit a declaration stating that he/she has a physician for the purpose of consultation with respect to the care of the client.  |
| <b>N.W.T./Nunavut</b>            | NPs do not require a formal collaborative agreement with a physician, however they work in collaboration with physicians as a team.   |
| <b>Yukon</b>                     | NPs collaborate with members of the health care team to promote and guide interprofessional client-centred care.  |



**Table 9****Are Nurse Practitioners authorized to independently refer to specialist physician?**

|                                  |   |
|----------------------------------|---|
| <b>British Columbia</b>          | NPs can independently refer patients to specialist physicians.  |
| <b>Alberta</b>                   | NPs can consult with and refer to another health care provider when the client's condition warrants it.<br>NPs can independently refer patients to a specialist physician.  |
| <b>Saskatchewan</b>              | NPs can refer clients to other health care providers at any point in the care continuum when the clients condition is not within the RN(NP) scope of practice or the individual RN(NP)'s competence.  |
| <b>Manitoba</b>                  | NPs can independently refer patients to specialists.  |
| <b>Ontario</b>                   | NPs can independently refer patients to specialists.  |
| <b>Quebec</b>                    | NPs in primary care may make a consultation to a specialty physician if certain conditions are met.<br>NPs in primary care may make a referral or professional services demand to other health professionals.<br>NPs in other specialties are not permitted to refer. |
| <b>New Brunswick</b>             | NPs can consult with or refer to a specialist when required.  |
| <b>Nova Scotia</b>               | NPs are authorized to independently refer patients to specialist physicians.  |
| <b>P.E.I.</b>                    | NPs are authorized to independently refer patients to specialists.  |
| <b>Newfoundland and Labrador</b> | NPs are authorized to independently refer patients to specialist physicians.  |
| <b>N.W.T./Nunavut</b>            | NPs are authorized to independently refer patients to specialists.  |
| <b>Yukon</b>                     | NPs are authorized to formally request a referral of, or a consultation regarding a client to other health care providers i.e., physicians.   |

**Table 10a****Are Nurse Practitioners authorized to complete driver medical exams?**

|                                  |   |
|----------------------------------|---|
| <b>British Columbia</b>          | NPs are authorized to complete driver medical examination reports.  |
| <b>Alberta</b>                   | NPs can perform the assessment and complete the form however a physician is required to verify all the information and sign the form before submitting.<br>Proposed regulation changes to enable NP authority are in the consultation stage.  |
| <b>Saskatchewan</b>              | NPs can complete the driver medical forms.  |
| <b>Manitoba</b>                  | NPs can complete driver medical forms except for eye exams.   |
| <b>Ontario</b>                   | NPs are authorized to complete driver medical fitness exams.  |
| <b>Quebec</b>                    | NPs are not included in the list of authorized personnel who can complete an evaluation for driving licensure.<br>Talks are underway with the Societe d'assurance du Quebec, but no outcome as  |
| <b>New Brunswick</b>             | NPs are authorized to complete fitness to drive exams.  |
| <b>Nova Scotia</b>               | The Motor Vehicle Act/Regulations do not name NPs as authorized providers.<br>Currently working on it with the provincial Department of Motor Vehicles.   |
| <b>P.E.I.</b>                    | NPs are not authorized to complete driver medical fitness forms.  |
| <b>Newfoundland and Labrador</b> | NPs are authorized to complete driver medical exams.  |
| <b>N.W.T./Nunavut</b>            | NPs are authorized to complete driver medical exams.  |
| <b>Yukon</b>                     | NPs are not permitted to complete driver medical exams.<br>NPs can report to the registrar any medical information relative to the health of a person holding or applying for an operators licence if the practitioner believes that the condition to which the information is given may adversely affect that person's operation of a motor vehicle. |

**Table 10b**

**Are Nurse Practitioners authorized to complete other forms (e.g., short term disability, worker's compensation, other disability forms)?**

|                                  |  |
|----------------------------------|--|
| <b>British Columbia</b>          | NPs are permitted to complete insurance disability forms. It is up to insurance companies if they will accept them.  |
| <b>Alberta</b>                   | NPs are not authorized to complete short term disability forms or employment insurance forms.  |
| <b>Saskatchewan</b>              | NPs are recognized as primary health care providers by Workers Compensation and can complete WCB assessments and forms. There are some federal disability forms that NPs cannot sign.  |
| <b>Manitoba</b>                  | All Manitoba Public Insurance or Department of Highways or Hydro accept NPs to complete physicals.<br>If it is 3rd parties such as Sun Life, Blue Cross, Great West Life then it depends on the company policy.  |
| <b>Ontario</b>                   | Workplace Safety and Insurance Board recognizes NPs as service providers to complete medical forms.  |
| <b>Quebec</b>                    | NPs may complete some forms such as the certificate of work absence, but the certificate must be within some conditions (e.g., less than a month of absence and related to an acute health problem (pulmonary infection).<br>Only physicians are authorized to sign documents concerning CSST (the Quebec version of WSIB) for work related accidents or diseases. |
| <b>New Brunswick</b>             | NPs are authorized to complete short term disability (insurance or provincial) but not permanent or Federal without signage from collaborating physician.<br>NPs are authorized to complete Employment Insurance forms.<br>Some insurance companies accept completed forms by NPs.   |
| <b>Nova Scotia</b>               | NPs are not authorized to complete medical forms for Employment Insurance benefits.<br>NPs are not authorized to complete Canada Revenue Agency or other federal forms except for Department of Fisheries and Oceans medical forms.<br>NPs can complete Workers Compensation Forms.  |
| <b>P.E.I.</b>                    | NPs can complete short term disability forms.  |
| <b>Newfoundland and Labrador</b> | NPs are authorized to complete short term disability forms.  |
| <b>N.W.T./Nunavut</b>            | NPs are authorized to complete short term disability forms.  |
| <b>Yukon</b>                     | NPs are not allowed to complete functional abilities forms (for WCB purposes).   |

**Table 11a**

Are Nurse Practitioners authorized to prescribe<sup>12</sup> massage therapy, acupuncture and physiotherapy?

|                           |     |
|---------------------------|-----|
| British Columbia          | Yes |
| Alberta                   | Yes |
| Saskatchewan              | Yes |
| Manitoba                  | Yes |
| Ontario                   | Yes |
| Quebec                    | No  |
| New Brunswick             | Yes |
| Nova Scotia               | Yes |
| P.E.I.                    | Yes |
| Newfoundland and Labrador | Yes |
| N.W.T./Nunavut            | Yes |
| Yukon                     | Yes |

**Table 11b**

Are Nurse Practitioners authorized to prescribe orthotics, mobility aids, and compression stockings?

|                           |     |
|---------------------------|-----|
| British Columbia          | Yes |
| Alberta                   | Yes |
| Saskatchewan              | Yes |
| Manitoba                  | Yes |
| Ontario                   | Yes |
| Quebec                    | Yes |
| New Brunswick             | Yes |
| Nova Scotia               | Yes |
| P.E.I.                    | Yes |
| Newfoundland and Labrador | Yes |
| N.W.T./Nunavut            | Yes |
| Yukon                     | Yes |

<sup>12</sup> In Quebec, NPs may recommend not prescribe.

**Table 11c****Are Nurse Practitioners authorized to order home oxygen?**

|                                  |     |
|----------------------------------|-----|
| <b>British Columbia</b>          | Yes |
| <b>Alberta</b>                   | Yes |
| <b>Saskatchewan</b>              | Yes |
| <b>Manitoba</b>                  | Yes |
| <b>Ontario</b>                   | Yes |
| <b>Quebec</b>                    | No  |
| <b>New Brunswick</b>             | Yes |
| <b>Nova Scotia</b>               | Yes |
| <b>P.E.I.</b>                    | Yes |
| <b>Newfoundland and Labrador</b> | Yes |
| <b>N.W.T./Nunavut</b>            | Yes |
| <b>Yukon</b>                     | Yes |

**Table 11d****Are Nurse Practitioners authorized to order insulin syringes/blood glucose monitors?**

|                                  |     |
|----------------------------------|-----|
| <b>British Columbia</b>          | Yes |
| <b>Alberta</b>                   | Yes |
| <b>Saskatchewan</b>              | Yes |
| <b>Manitoba</b>                  | Yes |
| <b>Ontario</b>                   | Yes |
| <b>Quebec</b>                    | No  |
| <b>New Brunswick</b>             | Yes |
| <b>Nova Scotia</b>               | Yes |
| <b>P.E.I.</b>                    | Yes |
| <b>Newfoundland and Labrador</b> | Yes |
| <b>N.W.T./Nunavut</b>            | Yes |
| <b>Yukon</b>                     | Yes |

**Table 11e**

**Are Nurse Practitioners authorized to order incontinence supplies including dressing/ostomy supplies?**

|                                  |     |
|----------------------------------|-----|
| <b>British Columbia</b>          | Yes |
| <b>Alberta</b>                   | Yes |
| <b>Saskatchewan</b>              | Yes |
| <b>Manitoba</b>                  | Yes |
| <b>Ontario</b>                   | Yes |
| <b>Quebec</b>                    | Yes |
| <b>New Brunswick</b>             | Yes |
| <b>Nova Scotia</b>               | Yes |
| <b>P.E.I.</b>                    | Yes |
| <b>Newfoundland and Labrador</b> | Yes |
| <b>N.W.T./Nunavut</b>            | Yes |
| <b>Yukon</b>                     | Yes |

## Conclusion

Overall the scope of practice for NPs in Canada continues to evolve and expand. Review of policy, regulations and legislation to remove barriers to scope of practice and or expand practice continues across Canada. There have been many recent and significant changes to scope of practice, such as authority to prescribe controlled substances and authority to admit patients in some provinces. Many provinces/territories are examining various authorities including admission to hospital, authority to order laboratory and more complex diagnostic imaging tests, and authority to complete medical forms, and working with government at the provincial and federal level to advance NP practice.

In conclusion, this is a point-in-time environmental scan relevant as of September 2015, in the context of a fluid and ever-changing legislative and regulatory environment in Canada. If the reader is aware of any inaccuracies or subsequent changes to the described state following publication, kindly contact the NPAO to assist its effort in maintaining a current environmental scan of NP scope of practice.

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